

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Based on interview and record review; the facility failed to ensure baths were provided at least once weekly for 3 (Residents 7, 36 and 87) of 5 sampled residents. The facility identified a census of 83.</p> <p>Findings Are:</p> <p>A record review of the undated facility policy titled Resident Showers read as follows: Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety.</p> <p>A.</p> <p>A record review of the document titled Admission Record dated 6/11/24 revealed Resident 87 had been accepted into the facility on [DATE] with a primary diagnoses of Muscle Wasting (when muscles waste away) and Atrophy (decrease in size of a body part, cell, organ, or other tissue, wasting) of multiple sites.</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's physical and mental functional capabilities) dated 6/3/24, revealed Resident 87 had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function, while scores of 00 or 99 indicate total confusion) score of 14 indicating Resident 87 is cognitively intact.</p> <p>A record review of the document titled Follow Up Question Report 5/1/24 through 6/7/24 Task: Bathing dated 6/11/24 revealed documentation that Resident 87 had received a bath on 5/29/24 and 6/7/24, which was a total of 9 days without a bath.</p> <p>During an interview on 6/10/24 at 3:58 PM with Resident 87 revealed [gender] received a bath shortly after admission which was 5/28/24. Resident 87 further revealed that [gender] has not received one since admission.</p> <p>B.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the document titled Admission Record dated 6/11/24 revealed Resident 7 had been accepted into the facility on [DATE] with a primary diagnosis of Cerebral Palsy (A congenital disorder of movement, muscle tone, or posture).</p> <p>A record review of the MDS dated [DATE], Section C, revealed Resident 7 had a BIMS score of 15, which indicated Resident 7 is cognitively intact.</p> <p>A record review of the document Task: Bathing dated 6/11/24 revealed that Resident 7 had received a bath on 5/9/24 and there was no further documentation baths for the month of May.</p> <p>A record review of the document titled Follow Up Question Report dated 5/1/24 through 6/6/24 revealed Resident 7 had received a bath on 5/26/24 and then not again until 6/6/24 which was a total of 11 days between baths provided.</p> <p>During an interview on 6/11/24 at 11:10 AM with Resident 7 revealed that bathing was inconsistent.</p> <p>C.</p> <p>A record review of the document titled Admission Record dated 6/11/24 revealed Resident 36 had been accepted into the facility on [DATE] with a primary diagnoses of Hemiplegia (paralysis of one side of the body) and Hemiparesis (weakness or the inability to move on one side of the body following a Cerebral Infarction (result of disrupted blood flow to the brain) affecting the left, non-dominant side.</p> <p>A record review of the MDS dated [DATE], Section C, revealed Resident 36 had a BIMS score of 15, which indicated Resident 36 is cognitively intact.</p> <p>A record review of the document titled Follow Up Question Report 5/1/24 through 6/6/24 Task: Bathing dated 6/11/24 revealed that Resident 36 had received a bath on 5/22/24 and 6/6/24, which was a total of 15 days without a bath being provided.</p> <p>During an interview on 6/10/24 at 3:05 PM with Resident 36 revealed [gender] baths are hardly once a week.</p> <p>An interview on 6/11/24 at 3:20 PM with the facility Administrator confirmed that the facility expectation was all residents would receive a bath a minimum of one time weekly.</p> <p>An interview on 6/12/24 at 9:28 AM, after review of the bathing logs for Residents 7, Resident 36 and Resident 87, the DON (Director of Nursing) confirmed that baths were not being provided a minimum of once weekly and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review and interview; the facility failed to ensure the Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) was coded correctly for 2 residents (Residents 53 and 75) of 4 samples residents The facility census was 83 at the time of survey.</p> <p>Findings are:</p> <p>A record review of the Centers for Medicare and Medicaid Services Long Term Care Resident Assessment Instrument User's Manual dated October 2023 revealed that the assessments must accurately reflect the resident's status.</p> <p>A.</p> <p>A record review of Resident 53's undated Admission Record revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 53's undated Medical Diagnosis revealed a primary diagnosis of Alzheimer's Disease dated 3/3/23.</p> <p>A review of Resident 53's Quarterly MDS dated [DATE] revealed a BIMS (Brief Interview for Mental Status - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) of 3, which indicates severe cognitive impairment. It was also revealed that in Section E for question E100 A. hallucinations and B. delusions were both marked yes.</p> <p>A record review of Resident 53's Care Plan in the interventions section revealed that the resident had hallucinations dated 4/12/23.</p> <p>A record review of Resident 53's Behavior and Progress Notes dated 5/1/24 through 6/13/24 revealed there was no documentation of hallucinations or delusions.</p> <p>In an interview on 06/12/24 at 2:13 PM with Regional Nurse Consultant (RNC) confirmed that there was no hallucinations or delusions documented in the Behavior or Progress Notes from 5/18/24 through 5/25/24 and it was marked on the Quarterly MDS dated [DATE] incorrectly.</p> <p>In an interview with the Director of Nursing (DON) on 6/13/24 at 9:59 AM confirmed that the facility used the RAI (Resident Assessment Instrument) manual for guidance and to ensure MDS accuracy.</p> <p>B.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 75's Quarterly MDS dated [DATE] revealed a BIMS of 3, which indicates severe cognitive impairment. It also revealed that in Section for question E100 A. hallucinations and B. delusions were both marked yes.</p> <p>A record review of Resident 75's undated Care Plan revealed no hallucinations or delusions.</p> <p>A record review of Resident 75's Behavior and Progress Notes dated 4/1/24 through 5/1/24 revealed there was no documentation of hallucinations or delusions.</p> <p>In an interview on 06/12/24 at 2:13 PM with RNC confirmed that there was no hallucinations or delusions documented in the behavior or progress notes from 4/11/24 through 4/18/24 and it was marked on the Quarterly MDS dated [DATE] incorrectly.</p> <p>In an interview with the DON on 6/13/24 at 9:59 AM confirmed that the facility used the RAI (Resident Assessment Instrument) manual for guidance and to ensure MDS accuracy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09H(iv)</p> <p>Based on interview and record review; the facility failed to ensure routine bowel movements for 2 (Residents 53 and 75) of 4 sampled residents. The facility census was 83 at the time of survey.</p> <p>Findings are:</p> <p>A review of facility policy titled Constipation Prevention dated 8/1/23, revealed laxatives will be offered if no bowel movement (BM) in 3 days. If the resident does not have a BM after a laxative has been given an assessment of the abdomen, bowel sounds, pain and appetite will be completed, and the primary physician will be notified.</p> <p>A.</p> <p>A review of Resident 53's Quarterly Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 5/25/24 revealed a BIMS (Brief Interview for Mental Status - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) of 3, which indicates severe cognitive impairment, it also revealed that the resident is occasionally incontinent of bowels.</p> <p>A review of Resident 53's list of diagnosis revealed a primary diagnosis of Alzheimer's Disease dated 3/3/23.</p> <p>A record review of Resident 53's Physician Progress Note dated 11/17/2022 revealed the resident had a previous hospital admission for a small bowel obstruction.</p> <p>A record review of a facility document labeled Bowel Movements dated 6/12/24 for Resident 53 revealed no BMs were documented from 5/28/24-6/4/24 and from 6/5/24 - 6/12/24 for a total of 7 days between BMs.</p> <p>A review of Resident 53's Progress Notes dated from 5/1/24 through 6/13/24 revealed no bowel assessments noted.</p> <p>In an interview on 06/12/24 at 1:37 PM with the Director of Nursing (DON) confirmed that no bowel medications were given to Resident 53 during May and June of 2024.</p> <p>In an interview on 6/13/24 at 8:42 AM with Licensed Practical Nurse (LPN)-U confirmed that Resident 53, does not have any bowel medications ordered and there is no bowel list printed so there was no way of knowing which residents have not had a BM in 2 or more days.</p> <p>In an interview on 06/13/24 at 9:51 AM with the DON confirmed that BM's have not been recorded and that Resident 53 does not have any PRN (as needed) bowel medications ordered and it was further confirmed that there are no bowel assessments documented and there should have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B.</p> <p>A review of Resident 75's Quarterly MDS dated [DATE] revealed a BIMS of 3, which indicates severe cognitive impairment, it was also revealed that the resident is occasionally incontinent of bowels.</p> <p>A review of Resident 75's list of diagnosis revealed a primary diagnosis of Alzheimer's dated 4/18/24.</p> <p>A review of a facility document labeled Bowel Movements dated 6/12/24 for Resident 75 revealed no BMs documented from 5/17/24 -5/22/24 for a total of 6 days and 6/7/24 - 6/11/24 for a total of 5 days.</p> <p>In an interview at 6/13/24 at 8:43 AM with LPN-U confirmed that Resident 75 did not have any PRN bowel medications given for the month of June, and there is no bowel list so there was no way of knowing which residents have not had a BM in 2 or more days.</p> <p>In an interview on 06/13/24 at 9:51 AM with the DON confirmed that BM's have not recorded, and that Resident 75 does not have any PRN bowel medications that were given. There are no bowel assessments documented and there should have been.</p> <p>In an interview on 06/17/24 at 1:37 PM with the DON confirmed that no PRN bowel medications were given and that if a resident is unable to recall when thy last had a BM, there is no way to know.</p> <p>In an interview on 6/17/24 at 3:33 PM the DON confirmed there were no BM audits currently being conducted in the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45613</p> <p>Licensure Reference Number 175 NAC 1-009.04(i)</p> <p>Based on observation, interviews, and record reviews; the facility failed to ensure a safe water temperatures on the Memory Care Unit (MCU). This had the potential to affect 9 of 9 sampled resident rooms on the MCU. The facility census was 83 at the time of survey.</p> <p>Findings are:</p> <p>A.</p> <p>In an observation performed on 6/10/24 at 10:21 AM of the facility's MCU in resident room [ROOM NUMBER] it was revealed the water temperature from the bathroom sink was 122 degrees fahrenheit (F). Further observation revealed the following water temperatures from resident's bathroom sinks:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER] at 10:29 AM water temperature of 127 degrees F.</li> <li>-room [ROOM NUMBER] at 10:34 AM water temperature of 136 degrees F.</li> <li>-room [ROOM NUMBER] at 10:39 AM water temperature of 131 degrees F.</li> <li>-room [ROOM NUMBER] at 10:42 AM water temperature of 122 degrees F.</li> <li>-room [ROOM NUMBER] at 10:45 AM water temperature of 122 degrees F.</li> <li>-room [ROOM NUMBER] at 10:48 AM water temperature of 130 degrees F.</li> <li>-room [ROOM NUMBER] at 11:02 AM water temperature of 125 degrees F.</li> </ul> <p>An observation on 6/10/24 at 12:24 PM with the DOM revealed steam coming from the water faucet in the bathroom of room [ROOM NUMBER]. DOM placed hand in the water and confirmed that the water was hot to touch. Further observation with DOM confirmed room [ROOM NUMBER] was 118 degrees on the maintenance thermometer and 130 degrees on the surveyors thermometer. room [ROOM NUMBER] was 118 on maintenance thermometer and 128 on surveyors thermomter.</p> <p>An observation on 6/10/24 at 1:43 PM with the DOM revealed, the DOM working on the mixing valve under the sink in the bathroom of room [ROOM NUMBER] and the temperature remained at 126 degrees F.</p> <p>An observation on 6/10/24 at 1:45 PM with the DOM revealed the facility's new water heater temperature was set at 130 degrees F. DOM turned the temperature down to 120 degrees F.</p> <p>A record review of the invoice dated 2/14/24 revealed a new 100 gallon water heater was purchased and installed on 2/14/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 6/10/24 at 11:40 AM with Licensed Practical Nurse (LPN)-F confirmed that there are 17 residents on the Alzheimer's unit and that 7 of those residents are ambulatory, wander, and are able to turn on the sinks in the bathrooms.</p> <p>In an interview on 6/10/24 at 12:25 PM with the DOM revealed that [gender] thermometer had not been calibrated and does not know how to calibrate the thermomter. DOM also revealed that maintenance staff check random bathroom water temperatures monthly. DOM also confirmed that the water temperatures had not [NAME] checked on MCU since the replacement of the water heater on 2/14/24.</p> <p>In an interview on 6/10/24 at 1:44 PM with DOM confirmed that temperatures over 120 degrees F is too high and should be lower than 120 degrees F. The DOM further confirmed [gender] did not know how to calibrate a thermometer.</p> <p>In an interview on 6/10/24 at 1:46 PM with the DOM confirmed that nothing different had been done after getting the new water heater. The DOM further confirmed that the water temperatures in the bath houses were not checked by maintenance.</p> <p>In an interview on 6/10/24 at 3:02 PM with DOM confirmed the bathroom water temps were all under 117 degrees for the MCU.</p> <p>In an interview on 6/11/24 at 8:02 AM with the Administrator (Admin) confirmed that all the water coming from the bathroom faucet should be under 120 degrees F. Admin further revealed that there have been no residents with burns from the water.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45613</p> <p>Licensure Reference Number 175 NAC 12-006.19B</p> <p>Based on observation, interview, and record review; the facility failed to ensure the facility's mechanical ventilation was functioning in resident's bathroom for rooms on the Memory Care Unit (MCU). This had to affected all 9 of 9 resident rooms on MCU. The facility census was 83 at the time of survey.</p> <p>Findings are:</p> <p>In an observation on 6/10/24 at 9:44 AM of the facility's Memory Care Unit a strong and stale urine odor was noted upon entering the unit.</p> <p>In an observation on 6/10/24 from 10:21 AM through 11:02 AM revealed the following bathroom vents were unable to pull up one square of single ply toilet paper:</p> <ul style="list-style-type: none"> <li>-10:21 AM resident room [ROOM NUMBER],</li> <li>-10:24 AM resident room [ROOM NUMBER],</li> <li>-10:29 AM resident room [ROOM NUMBER],</li> <li>-10:33 AM resident room [ROOM NUMBER],</li> <li>-10:35 AM resident room [ROOM NUMBER],</li> <li>-10:39 AM resident room [ROOM NUMBER],</li> <li>-10:42 AM resident room [ROOM NUMBER],</li> <li>-10:45 AM resident room [ROOM NUMBER],</li> <li>-10:48 AM resident room [ROOM NUMBER],</li> <li>-11:02 AM resident room [ROOM NUMBER].</li> </ul> <p>Interview on 6/10/24 at 11:40 AM with Licensed Practical Nurse (LPN) - F confirmed that there are 11 resident rooms on the Memory Care Unit (MCU).</p> <p>Interview on 6/12/24 at 10:39 AM with the facility's Director of Maintenance (DOM) confirmed that there are no maintenance rounds performed in the building but the facility's managers perform Guardian Angel rounds that are done twice weekly where the managers are to go to each resident room and observe areas for problems.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 6/13/24 at 11:51 AM during an Environment tour with DOM and the Administrator (Admin) it was revealed there was a strong, stale urine odor on the unit, and that the vents in the bathrooms for all 9 rooms of MCU were not functioning.</p> <p>In an interview on 6/13/24 at 11:54 AM with Director of Housekeeping (DOH) confirmed the bathroom vents are not cleaned or checked for functioning in resident rooms.</p> <p>In an interview on 6/13/24 at 12:02 PM with DOM maintenance confirmed the vents in the bathrooms on the MCU do not work, and there was a urine odor on the unit. DOM further confirmed that maintenance does not check them.</p> <p>In an interview on 6/17/24 at 8:32 AM with the Admin confirmed there was no Guardian Angel Rounds performed on the unit in the month of May. It was also confirmed that the bathroom vents are not checked during the Guardian Angel Rounds.</p> <p>A record review of facility provided Guardian Angel Rounds for the Memory Care Unit dated 4/26/24 and 6/11/24 revealed no maintenance concerns identified.</p> <p>In an interview on 6/17/24 at 10:34 AM with DOM revealed that the ventilation in the bathrooms of resident rooms 223, 225, 226, 227, 228, 229, 230, 231, 232, and 234 were not working.</p> <p>A record review of the undated facility supplied document labeled Direct Supply Tels revealed instructions to inspect exhaust fans for proper operation on a monthly basis. Instructions on the form stated to check all exhaust fans in bathrooms to ensure that air flow is sufficient to hold a piece a toilet paper to the vent when operating.</p> <p>In an interview on 6/17/24 at 12:55 PM the Admin confirmed that the ventilation system had not been checked and should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows at Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Furnas Street Ashland, NE 68003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>42861</p> <p>Licensure Reference Number 175 NAC 12-006.04B(ii)(1)</p> <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on interview and record review that facility failed to ensure 2 staff members (Nurse Aide (NA)-O and NA-P) that had been employed longer than one year had completed the 12 hours of continuing education required to maintain a Nurse Aide (NA) license. The sample size was 5. The facility identified a census of 83.</p> <p>Findings Are:</p> <p>A record review of education hours for 5 staff members that had been employed at the facility for more than one year revealed that 2 staff members (NA-O and NA-P) had not received 12 hours of continuing education in the last one year as required to maintain their Nurse Aide (NA) certification.</p> <p>A record review of the untitled document provided by the facility educator, listing the in-services provided and the education hours covering July 2023 through June 2024 revealed NA-O, who had a hire date of 2/2/2020, had received 5.5 hours of continuing education for the year.</p> <p>The record review of the untitled document provided by the facility educator, listing the education hours covering July 2023 through June 2024 revealed NA-P who had a hire date of 4/23/1995, had received 2.5 hours of continuing education for the year.</p> <p>An interview on 6/12/24 at 2:32 PM with the facility educator who was also the ADON (Assistant Director of Nursing), after review of the continuing education hours for NA-O and NA-P, confirmed that the requirement for 12 hours of continuing education had not been met and should have been.</p> <p>A record review of the facility policy titled Nurse Aide Training Program dated 8/1/23 read as follows:</p> <ol style="list-style-type: none"> <li>1. The Staff Development Coordination, with oversight from the Director of Nursing, shall be responsible for the coordination and/or provision of nurse aide education.</li> <li>2. Each nurse aide shall be provided at least 12 hours of in-service training annually, based on his/her employment date, not calendar year.</li> </ol>		